on Glenn Tree

Ancestral File (TM) - ver H410 PEDIGREE CHART 28 OCT 1992 Chart 1

No. 1 on this chart is the same as no. _____ on chart no. _____

AFN=Ancestral File Number

1 May Evelyn ROBERTS
AFN: D15H-5W
BORN: LIVING
MAR.:
DIED:

SPOUSE
Leon NEWBOLD
AFN: 56NG-LN
BORN: LIVING
DIED:

2 Orson "A" ROBERTS
AFN: CFHD-X9
BORN: [1894]
MAR.: 4 Jul 1919
DIED:

3 Ottilie Adella BOLLSCHWEILER
AFN: 3WJD-GN
BORN: 23 Feb 1897
Salt Lake City,S, UT
DIED: 9 Mar 1962

4 John Roberts
AFN:
BORN: 1874?
MAR.:
DIED:

5
AFN:
BORN:
DIED:

6 Frederick Emil BOLLSCHWEILER
AFN: 3302-6L
BORN: 25 Feb 1863
Geneva, , Switzerland
MAR.: 18 Mar 1896
(Lds Temple),S
DIED: 22 May 1941
Heber City, Wasatch, UT

7 Anna Elizabeth BAUR
AFN: 3WJD-FH
BORN: 6 Aug 1871
Bern, , Swtz
DIED: 1 Nov 1931
Salt Lake City,S, UT

8
AFN:
BORN:
MAR.:
DIED:

9
AFN:
BORN:
DIED:

10
AFN:
BORN:
MAR.:
DIED:

11
AFN:
BORN:
DIED:

12 Jacob Friedrich BOLLSCHWEILER
AFN: 3302-48
BORN: 11 Jul 1836
Langenau,S,,, Germany
MAR.: 4 Apr 1863
Geneva,G, Switzerland
DIED: 23 Mar 1905
Salt Lake City,S, UT

13 Emilie Ottilie MAURER
AFN: 1NS1-TB
BORN: 18 Nov 1837
Bottengin,N,,, Germany
DIED: 10 Feb 1915
Providence, Cache, UT

14 Johannes BAUR
AFN: 41MM-RQ
BORN: 2 Jun 1833
Hofen, Bern, Switzerland
MAR.: 15 Jun 1866
Amsoldingen, Switzerland
DIED: 27 Oct 1894
U,, Switzerland

15 Susanna ROTH
AFN: 41MM-SW
BORN: 10 Oct 1831
S,, Switzerland
DIED: 1 Feb 1903
Bern, Switzerland

16
AFN:
BORN:

17
AFN:
BORN:

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AFN:
BORN:

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AFN:
BORN:

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AFN:
BORN:

21
AFN:
BORN:

22
AFN:
BORN:

23
AFN:
BORN:

24 Johann J BOLLSCHWEILER
AFN: 1NS2-1B
BORN: 31 Mar 1801

25 Anna Maria GUEDEMANN
AFN: 1NS2-2H
BORN: 3 Jan 1804

26 Karl Friedrich MAUER
AFN: 1NS2-3N
BORN: 18 Feb 1806

27 Christine HEID
AFN: 1NS2-4T
BORN: Abt 1809

28 Jakob BAUR
AFN: 4C8Q-PC
BORN: 14 Aug 1791

29 Anna MICHEL
AFN: 4C8Q-QJ
BORN: 19 Feb 1797

30 Peter ROTH
AFN: 4C8Q-RP
BORN: 30 Nov 1796

31 Elisabetha DIETRICH
AFN: 4C8Q-SV
BORN: 17 May 1801

Pharmacologic Parameters of Select Antidepressants[1]

	SELECTIVE SEROTONIN REUPTAKE INHIBITORS			TRICYCLICS		ATYPICAL ANTIDEPRESSANTS	
	ZOLOFT	FLUOXETINE	PAROXETINE	AMITRIPTYLINE	NORTRIPTYLINE	TRAZODONE	BUPROPION
HALF-LIFE	26 HOURS	2-3 DAYS	21 HOURS (wide intersubject variability)	10-25 HOURS	16-36 HOURS	3-9 HOURS	[illegible] HOURS

Ancestral File (TM) - ver 4.11 PEDIGREE CHART 27 OCT 1993 Chart 1

No. 1 on this chart is the same as no. ______ on chart no. ______

AFN=Ancestral File Number

1 Orson A. ROBERTS
AFN: 1GFT-4G
BORN: 18 Mar 1889
Rochdale, Lncshr, Engl.
MAR.: 4 Jul 1919
DIED: 22 Dec 1979

SPOUSE
Otillie Adella BOLLSCHWEILER
AFN: B9SC-L2
BORN: [1889]
DIED:

2 John ROBERTS
AFN: 1GFS-N3
BORN: 17 Dec 1844
Llongollen,D, Wales
MAR.: 31 Jan 1875
Wrexham, Denbgh, Wales
DIED: 30 Mar 1919
Heber City, Wasatch, UT

3 Sarah ROBERTS
AFN: 1GFS-P8
BORN: 21 Jul 1850
St. Helens,L, England
DIED: 2 Jul 1934
Salt Lake City,S, UT

4 Thomas ROBERTS
AFN: B9SC-8B
BORN: [1818]
MAR.:
DIED:

5 Martha GRIFFITHS
AFN: B9SC-9H
BORN: [1822]
DIED:

6 John ROBERTS
AFN: 1XW0-99
BORN: 16 Aug 1819
Cefn Mawr, Denbigh, Wales
MAR.:
DIED: 21 Nov 1874
St. Helens,L, England

7 Priscilla WILLIAMS
AFN: 1XW0-BG
BORN: CAL 1830
Molds, Flint, Wales
DIED: 23 Dec 1870
Rochdale,L, England

8
AFN:
BORN:
MAR.:
DIED:

9
AFN:
BORN:
DIED:

10
AFN:
BORN:
MAR.:
DIED:

11
AFN:
BORN:
DIED:

12 Thomas ROBERTS
AFN: 3F4G-VS
BORN: 2 May 1797
Cefn Mawr, Denbigh, Wales
MAR.:
DIED:

13 Hannah DAVIS
AFN: 3F4G-W0
BORN: CAL 1797
Cefn Mawr, Denbigh, Wales
DIED:

14 Watkin WILLIAMS
AFN: 3F4G-X5
BORN: 1803
Mold, Flint, Wales
MAR.:
DIED: 6 Feb 1881

15 Mary OWEN
AFN: 3F4G-ZB
BORN: 17 Jan 1812
Mold, Flint, Wales
DIED:

16
AFN: ____
BORN:

17
AFN: ____
BORN:

18
AFN: ____
BORN:

19
AFN: ____
BORN:

20
AFN: ____
BORN:

21
AFN: ____
BORN:

22
AFN: ____
BORN:

23
AFN:
BORN:

24 Thomas ROBERTS
AFN: C6WT-JR ____
BORN: [1771]

25 Hannah Or Anna THOMAS
AFN: C6WT-KX ____
BORN: [1775]

26
AFN: ____
BORN:

27
AFN: ____
BORN:

28
AFN: ____
BORN:

29
AFN: ____
BORN:

30 William OWENS
AFN: BCF3-72 ____
BORN: [1781]

31 Catherine GRIFFITHS
AFN: BCF3-87 ____
BORN: [1785]

Zoloft®

(sertraline hydrochloride) Tablets

DESCRIPTION

ZOLOFT® (sertraline hydrochloride) is an antidepressant for oral administration. It is chemically unrelated to tricyclic, tetracyclic, or other available antidepressant agents. It has a molecular weight of 342.7. Sertraline hydrochloride has the following chemical name: (1S-cis)-4-(3,4-dichlorophenyl)-1,2,3,4-tetrahydro-N-methyl-1-naphthalenamine hydrochloride. The empirical formula $C_{17}H_{17}NCl_2 \cdot HCl$ is represented by the following structural formula:

PRECAUTIONS

General

Activation of Mania/Hypomania–During premarketing testing, hypomania or mania occurred in approximately 0.4% of ZOLOFT (sertraline hydrochloride) treated patients. Activation of mania/hypomania has also been reported in a small proportion of patients with Major Affective Disorder treated with other marketed antidepressants.

Weight Loss–Significant weight loss may be an undesirable result of treatment with sertraline for some patients, but on average, patients in controlled trials had minimal, 1 to 2 pound weight loss, versus smaller changes on placebo. Only rarely have sertraline patients been discontinued for weight loss.

Seizure–ZOLOFT has not been evaluated in patients with a seizure disorder. These patients were excluded from clinical studies during the product's premarket testing. Accordingly, like other antidepressants, ZOLOFT should be introduced with care in epileptic patients.

Suicide–The possibility of a suicide attempt is inherent in depression and may persist until significant remission occurs. Close supervision of high risk patients should accompany initial drug therapy. Prescriptions for ZOLOFT should be written for the smallest quantity of tablets consistent with good patient management, in order to reduce the risk of overdose.

Weak Uricosuric Effect–ZOLOFT is associated with a mean decrease in serum uric acid of approximately 7%. The clinical significance of this weak uricosuric effect is unknown, and there have been no reports of acute renal failure with ZOLOFT.

Use in Patients with Concomitant Illness–Clinical experience with ZOLOFT in patients with certain concomitant systemic illness is limited. Caution is advisable in using ZOLOFT in patients with diseases or conditions that could affect metabolism or hemodynamic responses.

ZOLOFT has not been evaluated or used to any appreciable extent in patients with a recent history of [illegible]cardial infarction or unstable heart disease. Patients with these diagnoses were excluded from clinical studies during the p[illegible]emarket testing. However, the electrocardiograms of 774 patients who received ZOLOFT in double-blind trials were ev[illegible]he data indicate that ZOLOFT is not associated with the development of significant ECG abnormalities.

ZOLOFT is extensively metabolized by the liver. In subjects with mild, stable cirrhosis of the liver, the c[illegible] of sertraline was decreased, thus increasing the elimination half-life. A lower or less frequent dose should be used in patients with cirrhosis.

Since ZOLOFT is extensively metabolized, excretion of unchanged drug in urine is a minor route of elimination. However, until the pharmacokinetics of ZOLOFT have been studied in patients with renal impairment and until adequate numbers of patients with severe renal impairment have been evaluated during chronic treatment with ZOLOFT it should be used with caution in such